

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

ommonwealth	File with: City or Town Clerk or Election Commission
ill in Reporting Period dates. Beginning Date: Mach	2, 2021 Ending Date: May 28, 2020 PH 3: 50
ype of Report: (Check one) 3 8th day preceding preliminary ■ 8th day preceding election ■	30 day after election year-end report dissolution
Phone # (optional): 781 643 5431	Committee to Elect So Anne Presson Committee Name John Buck Name of Committee Treasurer 42 Mysric Lake Dr. Animum Ma Committee Mailing Address E-mail: Clect Joanne presson & grad Committee Mailing Address Phone # (optional):
SUMMARY BALANCE	INFORMATION:
Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11	5464
Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 5, line Line 5: Ending Balance (line 3 minus line 4)	632, 45
Line 6: Total in-kind contributions this period (pa	
Line 7: Total (all) outstanding liabilities (page 7)	der Book
Line 8: Name of bank(s) used:	04 96KU
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the bes activity, including all contributions, loans, receipts, expanditures, disbursements, in-kind finance activity of all persons acting under the authority of on behalf of this committee in Signed under the penalties of perjury:	(Treasurer's signature) Date: 05/29/2020
cativity, of all persons acting under the activity on my behalf during this reports incurred any liabilities nor made any expenditures on my behalf during this report including attached schedules and it is, to to I certify that I have examined this report including attached schedules and it is, to to I including contributions, loans, receipts, expenditures, disbursement finance activity, including contributions, loans, receipts, expenditures, disbursement finance activity films.	the best of my knowledge and belief, a true and complete statement of all campaign finance accordance with the requirements of M.G.L. c. 55. I have not received any contributions, and period. separate report the best of my knowledge and belief, a true and complete statement of all campaign the best of my knowledge and belief, a true and complete statement of all campaign

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order for all receipts over \$50 in a calendar rear Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to eport all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
05/20/20	Den son But Yd mysne Lake Ar Artingiyar	500.00	Student, Legley Clasery
03/4/20	John Borry Yamysne Leks Astfoldung	25 ov	Politing, Branders Univers
05/15/20	John Burt 42 Mysric Cake Ar Bringer MA 02474	500 00	Crofessor, Branches Universey
05/18/20	12 My 50's cala Dr. An 12477	100 00	Province Branders University
03/14/20	Christine Overenty 11 A Lakenew Sy Adiosyly	50	
05/06/20	130 Jason Go. Artigan 02774	210	Health Care Advocate
3/09/2020	20 Orthoder Antiques madely,	50	
05/15/20	Board Hagner 19 Parnam Rd. Holingram Mis.	50	
03/15/20	Farricia Lickroson 5 Mysne Lake A. Mynn	1000	Rerel
03114/20	9 Cliek Gr. Arlinging	300	Rerived
03/01/20	42 Mysric Later Dr. Astrylon	3000	Rennel
05/12/20	Becks Royles TO WATER TO WATER	50	2023
Line 9. Total Receipts over \$50 or listed above)			
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL	RECEIPTS IN THE PERIOD	← Enter on page 1, line 2 uld include only those receipts not itemized above.	

* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemize

SCHEDULE A: RECEIPTS (continued)

Data Daniusi	Name and Residential Address	Amount	Occupation & Employer (for contributions of \$200 or more)
Date Received	(alphabetical listing required)	Amount	(101 CONTINUENCES OF SEASON OF INSTEE)
3109120	Eric Sigal Oxygy 84 Milton Se Arligion	40	
US/05/2V	Durald Geltzer ozyry	50	
05/14/20	hajer Genera 13 May 50. Arkyes	50	
03/24/20	Jordan Weingsein 23 Lennon Rd. Hal. 02474	100	
03/09/20	Data on Worden 21 Jann So. Artyon 02476	200	Reiver
05/21/20	Parricio Worder 21 Jaion So. Arty	199	20 tived
			50 ::
Line 9 Total Rec	ceipts over \$50 or listed above	5399	
Line 10: Total Re	ceipts \$50 and under* (not listed above)	65	
Line 11: TOTAI	RECEIPTS IN THE PERIOD	5464	Enter on page 1, line 2 ould include only those receipts not itemized above.

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order all expenditures over \$50 in a reporting period. Committees must keep stailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together

A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to sport all expenditures. Please include your committee name and a page number on each page.)

\ "Schedule B: port all expend	Expenditures" attachment is avail	ttee name and a page number on	each page.)	
	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
Date Paid	Connully Printy	17B 6.115+ WOOLEN MA USE	Hard Gigns Minns	1796.3
5/16/20	Currolly Printing	17 B 6-11 52 WOOMEN MAS 01801	Card pour	2711 19
3/12/20	Duly Prosession web Services	website 311 andiala montgo. 117 N7 125	website	199
05/28/20	Raise Ne Money	P.O Box 26466 Lilla Rock 1787224	Fund Russing	48 05
05/10/20	Your Anhyoun com	150 Waghington St. Artingram MA 5247	alverising	127:
				=
			**************************************	333
			es over \$50 or listed above)	4831 53
			es \$50 and under* (not listed abo	ve) 0
	Enter on 1996 1. line	TOTAL EXPE	NDITURES IN THE PERIOD 12 13 should include only those expe	4831 5
	Cities our hees 11	1 1 1 1 1 Tin	13 should include only those expe	natures not nemized

Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES * If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized Page 4

above.

ij

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

ease itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be ided together from the committee's records and included in line 6 on page 1

	From Whom Received*	Residential Address	Description of Contribution	Value
ite Received	Committee to Elect Cyneite Marin	18 tins 1.4 St. Myum MA U Yegy	in Challow advantage	37
05/11/20	67	n	,,	٧,-
05/11/20	11	и	"	25
05/21/20	"	11	>	25
				3
				HAY 2
				P. 3.
				0.00
		Line 15 In-Kind Contrib	utions over \$50 (or listed above	1000
		1	utions \$50 & under (not listed abo	
	Enter on page 1, line	6 → Line 17: TOTAL IN-KI	ND CONTRIBUTIONS On a calendar year you must report out the contributor's occupation and a	100.0

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer

SCHEDULE D: LIABILITIES

A.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well those liabilities incurred during this reporting period.

ate Incurred	To Whom Due	Address	Purpose	Amount
	Nv.	ne		
			16.7%	
			TANDING LIARU ITIES (A)	LL)
	Enter on page 1, line 7	→ Line 18: TOTAL OUTS	TANDING LIABILITIES (AI	Pa